

**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

<b>Application Number</b>	10/511,465
<b>Filing Date</b>	February 7, 2005
<b>First Named Inventor</b>	Matthew H.T. Bui
<b>Title</b>	METHODS OF RENAL CELL CARCINOMA PROGNOSIS AND TREATMENT SELECTION WITH CARBONIC ANHYDRASE IX
<b>Art Unit</b>	1645
<b>Examiner Name</b>	Alana Harris
<b>Attorney Docket Number</b>	02307K-185020US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

**20350**

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95).

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Cheryl Silverman</i>	Date	12 December 2007
Name	Cheryl Silverman	Telephone	310 794 0558
Title and Company	Patent Prosecution Manager, UCLA Office of IP		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.